

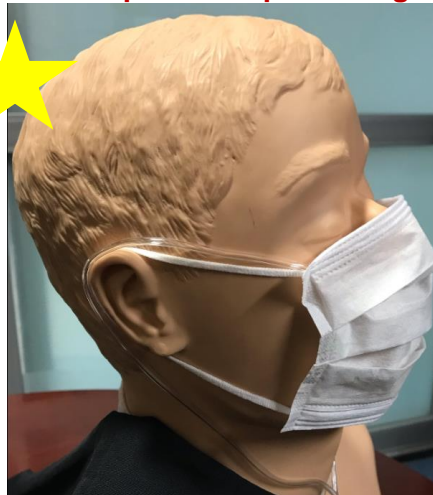
Guidelines for Decreasing Aerosol-Producing Medical Interventions for Patients with/suspected COVID-19 for Inpatient Care Areas

Posted March 19th, 2020

Oxygen Devices

Nasal Cannula (low or green high flow preferred)

Instruct patient to place surgical mask on while others are in the room and for transport



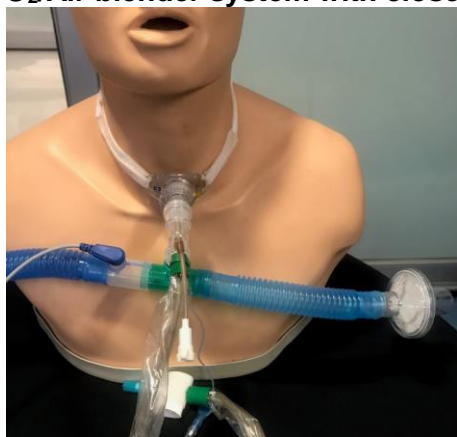
Non-Rebreather
Emergency & Transport use only
(Ensure tight fit with mask)

Oxygen devices not recommended: Venturi Mask, Face Tent or Trach Collar



Oxygen Devices: Tracheostomy

Utilize O₂/Air blender system with closed suction, T-piece connector and extension tubing & filter .



Ensure suction catheter is pulled back after each use and changed daily.



Switch to HME with oxy-vent adaptor for transport

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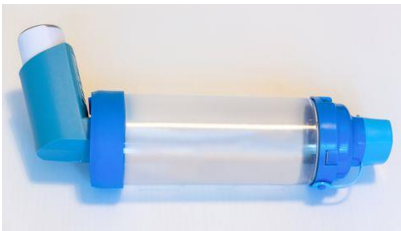
Bronchodilators

Therapeutic interchange to DPI/MDI's with spacer (with mask if needed) for COPD/Asthma patients with acute bronchospasm. Nebulization will only be administered via mechanical ventilation if indicated.

IMPORTANT: The Albuterol Titration Protocol should be utilized for exacerbation.

Titration Protocol Dosing Range Table

	Without an Artificial Airway	With an Artificial Airway
Age up to 4 years	4-12 puffs	8-24 puffs
Age 4 years and up	4-20 puffs	8-40 puffs



*****Nebulizer/Aerosol Treatments are NOT recommended*****

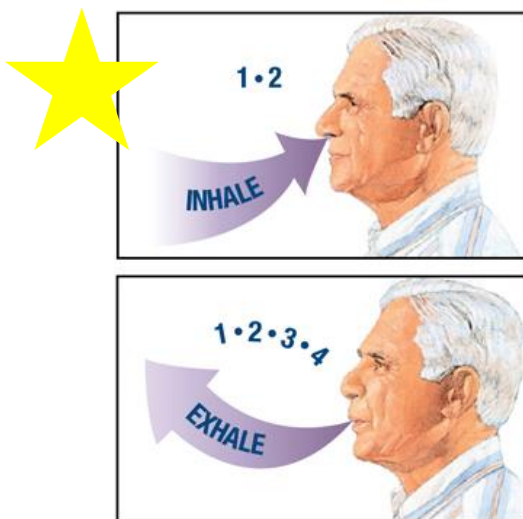


If absolute necessary, utilize head strap, resuscitation mask & filter

Lung Volume Expansion

Breathing exercises will be the preferred method for all COVID-19 patients!

Incentive Spirometry if patient meets indications and is able to perform (no minimum IS predicted required).



EzPAP is not recommended, add filter if therapy is necessary.



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Bronchial Hygiene

****Cough producing procedures are NOT recommended.****

Oscillatory PEP with filter if patient meet indications and is able to perform (no minimum IS predicted required).
Instruct patients to wear a surgical mask while performing therapy for CPT and Vest therapy.



Bronchial Hygiene Devices NOT Recommended (only if necessary):

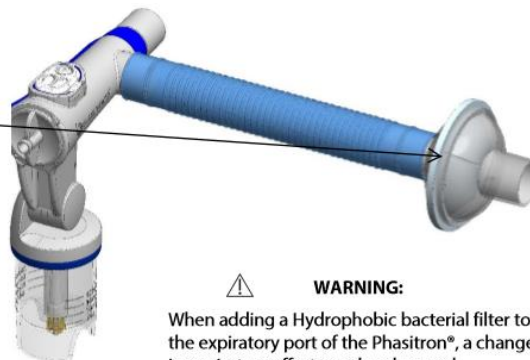


Keep vest and hoses in room



If absolute necessary, add additional filter to mask

1. Connected at the end of the included 6-inch corrugated tube that is attached to the expiratory port of the Phasitron® 5.



WARNING:

When adding a Hydrophobic bacterial filter to the expiratory port of the Phasitron®, a change in expiratory effort may be observed.

IPV recommended ONLY for mechanically ventilated patients (limited equipment available)

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Non-Invasive Ventilation (NIV)

****Not recommended for acute care, perform intubation****

For chronic patients that wear NIV at home, please have patients bring in their own device. If able, will switch to hospital mask and add exhalation port with filter to minimize risk.



For invasive ventilation with a single limb circuit, replace existing with the exhalation port adaptor with filter.



Bag Valve Ventilation via mask



Bag Valve Ventilation via ET Tube



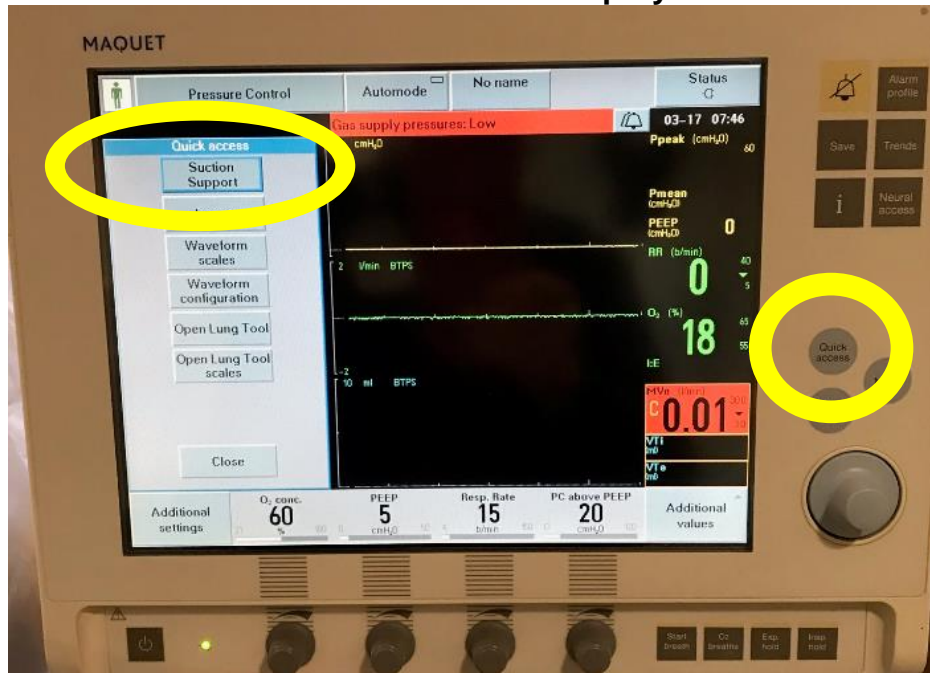
****Only utilize mainstream ETCO2 monitoring (sidestream not recommended without filter)**

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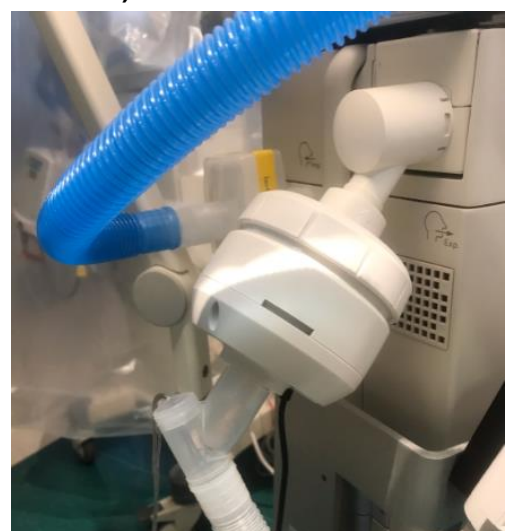
Mechanical Ventilation

IMPORTANT! BEFORE DISCONNECTING FROM THE VENTILATOR:

Press “Quick Access” button to the right of the screen, then select “Suction Support”. This will STOP the flow from the ventilator to avoid aerosol spray from the circuit.



Add inspiratory & expiratory filter (add a 2nd filter during medication administration).



Important: Pull off circuit with filter attached when disconnecting from ventilator.

For heated expiratory filter, change every 48 hours or sooner as needed.